

This amended Findings AND Decision supercedes all previous decisions rendered in this medical payment dispute involving the above Requestor and Respondent.

The Medical Review's decision of 07/22/02 was appealed and subsequently withdrawn by an order of the Medical Review Division dated 08/19/02. A copy of this Withdrawal Order is reflected in Exhibit I of the Commission's case file.

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$902.00 for date of service 07/17/01.
b. The request was received on 02/05/02.

II. EXHIBITS

1. Withdrawal Order, Exhibit I
- 2.. Requestor, Exhibit II
 - a. TWCC 60 and undated Letter Requesting Dispute Resolution
 - b. HCFAs-1500
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Respondent, Exhibit III
 - a. TWCC 60 and Response to a Request for Dispute Resolution dated 02/27/02
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
4. Per Rule 133.307 (g) (4), the Division forwarded a copy of the requestor's additional documentation to the carrier on 05/17/02. The respondent did not respond to the additional documentation. It's initial response dated 02/17/02 and additional documentation dated 03/12/02 is reflected in Exhibit III. The carrier's response of 03/12/02 is considered timely.
5. Notice of Additional Information submitted by the Requestor is reflected as Exhibit IV of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Undated Letter:
"Carrier is denying Repeat [sic] EMG due to no preauthorization. We show Preauthorization [sic] was not required per TWCC Rule 134.600 (6). This rule states only if the study exceeds \$350.00 for each test. And each study is under \$350 Fee amount. We billed correctly according to the TWCC Rules and should be paid in accordance with the rules."
2. Respondent: Letter dated 02/27/02:
(1). ...rule 134.600 requires pre-authorization for repeat diagnostic studies. This is a repeat emg/ncv's over \$350.00. Pre-authorization was not obtained. The claimant has had emg's/ncv's on the following dates of service: 11/6/98, 3/9/99, 10/5/00 and 7/17/01."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 07/17/01.
2. The provider billed a total of \$1,270.00 on the date of service in dispute.
3. The carrier reimbursed a total of \$902.00 and it's EOB has the denials of
"1 – (A) (N) THIS SERVICE WAS NOT PRE-AUTHORIZED IN CONFORMANCE WITH TWCC RULE 134.600(H). (X388);
2 – (F) WHOLE PROCEDURE. (Z342);
3 – (F) THIS BILL HAS BEEN REVIEWED BY A REGISTERED NURSE (Z772).
* - INSURANCE CARRIER PAYMENT TO THE HEALTH CARE PROVIDER SHALL BE ACCORDING TO COMMISSION MEDICAL POLICIES AND FEE GUIDELINES IN EFFECT ON THE DATE(S) OF SERVICE(S)."
4. The amount in dispute per the TWCC-60 is \$902.00.
5. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB	MARS	REFERENCE	RATIONALE:
07/17/01	95900-WP	\$380.00	\$0.00	A,F	\$64.00 per nerve	Rule 134.600 (6) CPT descriptors	Rule 134.600 (6) states, "The health care treatments and services requiring pre-authorization are:...unless otherwise specified, repeat individual diagnostic study, with a fee established in the current Medical Fee guideline of greater than \$350.00 or DOP...(Diagnostic study is defined as any test to help establish or exclude the presence of disease/injury in symptomatic persons; the test can help determine a diagnosis, screen for specific diseases/injury, guide the management of an established disease/ injury and help formulate a prognosis.);"
07/17/01	95904-WP	\$190.00	\$0.00	A,F	\$64.00 per nerve		
07/17/01	95861-WP	\$250.00	\$0.00	A,F	\$200.00		

07/17/01	95935-WP	\$450.00	\$0.00	A,F,F	\$53.00 per study	<p>Rule 134.600 (6); MFG MGR (IV) (B) (2); CPT descriptor</p> <p>A group of diagnostic test is not considered an "individual diagnostic study". If the cumulative reimbursement for all the individual tests comprising a "group of diagnostic tests" exceeds \$350.00 as stated in the MFG, the collective study would not require preauthorization. If the MAR value of any one of these tests exceeded \$350.00, then preauthorization would be required, but based on the medical documentation, the MAR value for each test did not exceed \$350.00.</p> <p>The MAR value for CPT code 95935-WP x 6 "F" and "H" studies does not exceed \$350.00, but in accordance with MFG MGR (IV) (B) (2), the provider failed to bill the rendered services correctly. The provider billed the "F" comparison study of right and left peroneal and posterior tibial. Per (IV) (B) (2) (b), "For 'F' studies, separate reimbursement per extremity shall be allowed only if the compensable injury affected both extremities. If the contralateral extremity was tested to compare the affected and unaffected side, the comparison study would be considered to be part of the overall study." The provider correctly billed the "H" studies. Therefore, the provider should be reimbursed for 4 studies instead of 6.</p> <p>Reimbursement is recommended in the amount of \$796.00. (CPT 95900- \$64.00 x 4 = \$256.00) (CPT 95904 - \$64.00 x 2 = \$128.00) (CPT 95935- \$53.00 x 4 = \$212.00) CPT 95861 = \$200.00) \$256.00+\$128.00+\$212.00+\$200.00=\$796.00</p>
Totals		\$1,270.00	\$0.00			The Requestor is entitled to reimbursement in the amount of \$796.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$796.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 18th day of September 2002.

Donna M. Myers, B.S.
Medical Dispute Resolution Officer
Medical Review Division

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